	PAIENI	APPLICATIO Effec	tive Janua			ON RECO	RD	10)/4	15	59/1	5/
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI	ENTY	14	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			,				RAT	E	FEE	1	RATE	FEE
FOR			NUMBER FILEO		NUMBER EXTRA		BASIC	FEE 37	75.00	OR	Basic Fee	750.00
TOTAL CHARGEABLE CLAIMS			G minus 20=		*		X\$ 9	=		OR	X\$18=	
INDEPENDENT CLAIMS			ı minus 3 =				X42			OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							+140	_: -			+280=	,
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	_ _	-	OR OR	TOTAL	עלה
CLAIMS AS AMENDED - PART II							10.7	<u>" </u>		Jon		
		(Column 1)	(Column 2) (Column 3)			SMALL ENTITY OR				OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER JUSLY	PRESENT EXTRA	RATI	E ITO	DDI- DNAL EE		RATE	ADDI- TIONAL FEE
	Total	• 15	Minus	# 2	0	-	X\$ 9	=		OR	X\$18=	
	Independent - 2		Minus ***		3	- /	X42=			OR	X84=	7
_,	-	MIAHON OF M	OLTIPLE DE	PENDENI	CLAIM		+140			OR	+280=	7
							101			OR	TOTAL	/
		(Column 1)		(Colun	nn 2)	(Column 3)	ADDIT, F	<u> </u>		1	ADDIT. FEE	<u> </u>
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	- ×: 3/.	HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA	RATE	TIC	ODI- ONAL EE		RATE	ADDI- TIONAL FEE
	Total	· / U	Minus	- 0		- /	X\$ 9:	•]		OR	X\$18=	
	Independent	NTATION OF MI	Minus	ENDENT	3	-/	X42=			OR	X84=	
	THOTPHESE	INTERPORT OF MI	OCI IPCE DEP	CHUENT	COUN		+140:			OR	+280=	/
							TOT ADDIT, FI			OR	TOYAL ADDIT, FEE	/
		(Column 1)		(Colum	n 2)	(Column 3)	ADD:11. F			•	OUII. PER	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	ER USLY	PRESENT EXTRA	RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	40		E	X\$ 9=	\neg		OR	X\$18=	
	Independent	•	Minus	220		2	X42=				X84=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	2012	_
• 1	f the entry in colu	nn 1 is less than th	ne entry in colu	mn 2. write	"O" in col	umn 3	+140=			OR	+280=	
* If the entry in column 1 is tess than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE OR												
•	The "Highest Num	ber Previously Pal	d For (Total or	Independe	nt) ta the	highest numbe	found in the	appropri	ate box	in cok	.mo 1.	

Application or Docket Number